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AUTHOR Stades-Veth, Joanna
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ABSTRACT

A case study is reported in which early "autistiform behavior" in a 4-week-old baby was reversed through intensive mothering. The baby, who had been developing normally, was bottlefed by "strangers" for 2 days and then began to avert her eyes from all people, an autistiform behavior which persisted and grew worse as the mother tried to re-establish eye contact. In conformance with theories of autism as a disturbance of symbiosis, the mother was advised to avoid all eye contact at first, while giving her baby intensive "holding contact." With this approach the mother succeeded in restoring the symbiotic bond with the baby, thus saving the infant from further autistiform deterioration. Therapy developed by J. A. B. Allan and R. W. Zaslow emphasized various preventive holding methods and playful sensori-motor movement programs for parents to practice with disturbed babies in order to diminish their babies' autistiform behavior, improve their symbiotic bond, and prevent later autism. Also reported is a study using the Mother Child Holding Therapy with 104 autistic children with significant change reported in such characteristics as interest in human and visual contact. (DB)

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AUTISM/BROKEN SYMBIOSIS

PERSISTENT AVOIDANCE OF EYE CONTACT WITH THE MOTHER.

CAUSES, CONSEQUENCES, PREVENTION AND CURE OF AUTISTIFORM BEHAVIOR IN BABIES THROUGH "MOTHER-CHILD HOLDING"

1988

Summary

A happy 4 week old baby, bottlefed for two days by various 'strangers' started to avert her eyes from all people, including her mother, an autistiform behavior which persisted amazingly after the visitors left and grew worse as the mother tried to re-establish eye contact. The new-born's sensory capacities are very weak (Spitz 1965). Consequently changing caretakers made the baby feel it were her own mother's biologically conditioned 'releaser-eyes' that appeared 'changed' at each feeding. This caused panic and fear of all eyes in the baby. The mother was advised (Stades-Veth, 1981, 1984) to avoid all eye contact at first, while giving her baby intensive 'holding contact'. This conformed with Zaslow's, Allan's and Tinbergen's ethological theories on autism as a disturbance of symbiosis. 15 Years later this would be called: Dr. Martha Welch's mother-child holding method. With it the mother succeeded restoring the symbiotic bond with her baby. Thus she saved her infant from further autistiform deterioration. Zaslow and Allan showed the connection between prenatal-, postnatal- and birth traumata with some patterns of autistiform behavior they had found in some very disturbed newborn babies. They were 'at risk' of becoming autists later, since they would be unable to form even a basic symbiotic attachment bond with their mothers, if not extra intensively mothered.

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Allan developed various preventive holding methods and playful sensori-motor movement programs for the parents to practice with these babies - with instruction from nurses occupied in the Canadian postnatal program - to diminish their babies' autistiform behavior and thus improve their symbiotic bond and to prevent later autism.

INTRODUCTION

Usually the diagnosis of 'autism' or 'autistiform behavior' is not pronounced before the third or fourth year. This is probably due to the ominous reputation of the disturbance called 'autism' which is still considered to be of somatic origin only, and incurable. In consequence it is still not recognized that autistiform behavior may have its roots in a child's very first bad experiences as a (healthy or not) newborn baby, with or without (!) its mother.

Damaging and to the child traumatic experiences during pregnancy, delivery, or in the first few moments, hours, days and weeks of life are often not recognized as such, nor the serious consequences foreseen, especially the effect of the accumulation of seemingly unimportant disturbances in the bonding process of baby and mother. They may result in a reduced or absent eye contact and emotional interaction between baby and mother, no further emotional development of the infant, and fixation to the level of development reached at the moment when the baby began to avoid all interaction and especially eye contact with the mother.

Meanwhile, as much precious time goes by, exact data on the effect of the traumatic experiences on the quality of the relationship between mother and baby can hardly be recalled in detail by the mother. Their possible influence and impact on the bonding process of mother and baby then have to be deduced by us from the mother's usually vague and often unreliable memories (Richer 1983).
This is the more regrettable since prevention and successful therapy are now available, especially if performed as early as possible. This is the reason why the case of 4 week old Frances appears so interesting: data on the gradual autistiform deterioration of Frances (at birth a healthy baby) were given by the mother on the spot and were also observed by the author. Therapy was applied immediately. Further details on the disturbed early bonding through inadequate medical advice and help during the first breastfeeding sessions were obtained later, explaining still better the baby's sudden autistiform withdrawal 2 weeks later and within a period of 2 days of being bottlefed by several 'strangers'. These findings are worth publishing, and together with some considerations on 'mother-child holding therapy' with both autistic and other less disturbed and even 'normal' problem children, are presented here.

Case History

Frances, a content and healthy four weeks old baby (born 1973), first breastfed, then bottlefed, was almost exclusively cared for by her kind and loving mother. There was a normal and inspiring contact. Suddenly little Frances began to turn away her head, started to avert her eyes from all people, finally also from her mother. This happened within a few days when she had been repeatedly and alternately bottlefed by at least four different relatives, who were unknown to the baby. At first, when attended to by her mother as usual, she did not look away from her though she did look less happy, but after a while Frances started to avoid her mother's eyes as well.

The mother happened to have watched a program on television on autistic children, thus understanding the possible seriousness of the symptoms. She immediately stopped all bottlefeeding by the 'strangers', i.e. grannies and aunts and took over the complete care for the baby herself again. However, despite her intense efforts, she did not succeed in restoring contact with her baby. Little Frances continued to look aside or to turn her head away, especially avoiding all contact with her mother's eyes for several days. The more the mother tried to look into her baby's eyes the more her baby persisted in avoiding them. The originally warm relationship between mother and baby had been completely disturbed.

Approach to this problem situation

Having read about the activities of the ethologists E.A. and N. Tinbergen (1972), who successfully applied their experiences of making contact with frightened animals to make contact with

autistic children, the author advised the mother to give her baby maximum bodily contact, holding her close, cuddling, caressing and cradling her in her arms while talking and singing to her and giving the bottle in the breastfeeding position. Even better, to try relactation, if necessary at first with the help of a 'Lact-Aid'*).

However, while doing so the mother was advised to totally avoid making eye contact with her baby. Instead she took care to show her full face, showing both her eyes and not just her profile. To any baby the profile, even of the mother, is strange and frightening because it shows only one eye (Spitz 1965). This could be called the method of 'making contact without eye contact'. The mother followed this advice. Thus, while closely held, the baby was able to quietly study the mother's features, especially her eyes, without being forced to stare directly into them until ready to do so. Baby Frances soon felt safe and accepted her mother again. She started looking into her mother's eyes as she did before the confusion caused by the eye contact with the many 'strangers'. Their loving relationship had been restored and normal development proceeded from then on. In the 7th week the baby smiled for the first time at her mother. Frances' development over 10 years has followed a very positive path (Stades-Veth, 1981, 1984).

*) Available at a local La Leche League Mothering Group, or from La Leche League International, Minneapolis Avenue 9616, Franklin Park, near Chicago, ILL U.S.A.

Analogous situations

Many parents of autistic children declared that they first noticed being rejected by their baby during or after it had stayed in a hospital all by itself, as 'rooming in' with the mother was not allowed. In a hospital, babies are usually bottlefed by many different nurses while the mother is practically excluded. For a bottlefed baby the situation in a hospital is, in many respects, identical to the above described home situation. In both cases the baby, while given the bottle by several strangers, lying on their lap, has to look up time and again, into their always different eyes during the bottlefeeding sessions.

Developmental characteristics

We seldom get the opportunity to observe from nearby a baby developing autistiform behavior. What went on in the baby's mind during and after that first day with four feedings from 'strangers' and only two given by the mother? The mother reported that at first little Frances looked at her tensely with a frown between her eyes, not happy as usual. On the third day the baby began to look away from the 'strangers' and in the evening from her mother as well. In order to understand the surprising fact that, after the elimination of the 'strangers', the baby continued to avoid all eye contact with the mother, we have to look at the sensory capacities of babies during the first months of life. These were observed by Spitz and Wolf (1946), Spitz (1955, 1965), experimenting with hundreds of babies during that early period of development.

The releaser eyes of the mother

Apart from their close bodily contact, to a newborn baby the eye contact with the mother is of basic importance for the establishment of their symbiosis. Only the upper part of the mother's face, with both her eyes, has the primeval, biologically conditioned function of a signal, i.e. of a 'releaser' (Auslöser), attracting - if in movement - the baby's gaze into her eyes. Thus the bonding of the baby to the mother onto mutual symbiotic attachment originates and is established. This is necessary for the baby's positive development. Its emotional exchange with its mother is thereby secured. The baby does not at this stage perceive the rest of the mother's head, nor her body. It does not even notice her mouth and chin, but only her eyes.

Focusing

A baby can only focus sharply at a distance of about 7 inches, which is the natural distance between the eyes of a mother and the baby in her arms while breastfeeding. While lying on its mother's lap during bottlefeeding, she should take care that the baby is not held too low to see the mother's face clearly.

Difference and changes in the releaser eyes

According to Spitz the first intellectual capacity of a baby is that it can notice change, or something different to what it is used to. This is important, because the baby must be able to notice changes in the releaser eyes of the mother. Changes on its 'own' releaser may disturb the baby, for instance the covering of one of the eyes of the mother.

Disturbance by the profile

According to Spitz, showing the profile appears to be a danger signal for the baby too. Some babies, very frightened, react by turning away their heads, crying, some even trembling and in shock, refusing all contact afterwards. Only when looking into both eyes of his mother does a baby feel safe. A change of colour of the eyes also appeared to be a warning signal.

Memory function

A baby can perceive change long before he is able to remember. As soon as he is able to remember her face, he starts smiling at his mother. This happens at the age of 4 to 8 weeks. How the baby at first lacks all capacity to remember what is perceived and is unable to reproduce this even to himself, becomes clear from the following example: Suppose that during the first month a baby looks up into its mother's eyes only for 10 minutes during each feeding (while the feeding takes 20 minutes). During 6 feedings this amounts to 60 minutes per day. During one week this will be more than 400 minutes and per month more than 2000 minutes. Even 2000 minutes of confrontation with mother's eyes were not enough for the baby to be sure which ones were the mother's eyes, after having looked for only three days into several 'strangers' eyes during feedings.

Nature effectively plans to condition the mother's eyes into a 'releaser' function, compelling her baby to look into them (as long as he is incapable of remembering those eyes). This had been interfered with by the different caretaker's eyes, intently looking into the baby's eyes during feedings, at a too early and

therefore vulnerable stage of the baby's development. It would have been easy to avoid this long explanation by simply stating that the baby was so confused by the intimate contact with so many 'strangers' that she therefore started to look away from them. This, however, would be incorrect; the baby hardly noticed any 'strangers' at all! She was so deeply shocked by the suddenly inconsistent, ever changing, frightening 'eyes of her mother' that from that moment onwards she completely avoided all contact with them, i.e. with her mother. The feeding woman is, to such a young baby, always 'the mother'. During bottlefeeding the baby could only notice the change of eyes. She could not yet see the complete head, nor the body of the feeding person. She could only notice the ever changing 'releaser-eyes', the changing touch and voice and the change in smell. This was what caused fear and confusion for the baby and the need to avoid that multitude of 'strangers' eyes she stored in her little 'computer-brain'. In the writer's opinion, amazing as it may seem the 'strangers' did not even exist for the baby, only her nursing mother with eyes of a 'cameleon'.

Thus 4 week old baby Frances, with her still very rudimentary sensory capacity, had had to undergo an experience so full of stress, confusion and fear, that it could have damaged her for life - a situation of which her family could never have imagined the disastrous consequences. Held on the lap and offered the bottle, she could not escape from those frightening eyes. From that moment on the baby became involved in a 'motivational conflict' also typical for autists (Tinbergen 1983) i.e. the impulse to drink, while also trying to avoid those strange, always

changing and therefore 'dangerous eyes', always attempting to look into hers. As a compromise she tried to avoid those eyes by turning away her little head. When, by exception, the feeding person understood the baby's conflict, the bottle would be offered from the side so that the baby could look away more easily from her while drinking. This seems to be observed more and more often, in hospitals and even in babies bottlefed by their mothers at home. Further ethological research, especially at home, should be done in these cases, and 'mother-child holding' advised. If, however, the bottle is kept in the 'normal position', in the middle, these frightened babies, in the process of drinking, can only turn away their eyes. This results in them looking so far to one side that the feeding person only sees the 'white' of the baby's eyes. Even with the 'strangers' eliminated, the baby could no longer recognize her mother's 'releaser-eyes', because of her poorly developed memory. It is even possible that he baby did not dare to look into her mother's face anymore to identify her eyes. The writer would not be surprised if these babies, in sheer panic and extreme stress, would close their mind to all eyes! This is how autists may also react to sounds of all kinds, appearing deaf and dumb, some even turning seemingly blind! They avert their eyes as far as possible from the person speaking to them, thus showing only the 'white' of their eyes. Repeatedly trying to restore the contact with her baby by looking into her baby's eyes again and again, Frances' mother, like many other mothers, found to her amazement, that her baby became even more negative, turning away from her, not reacting to any of her efforts.

The conclusion is that the repeated bottlefeeding by several strange caretakers within a few days, at a critical phase of the baby's development, may disturb the function of the 'releaser-eyes' of the mother for her baby. This appears to be the reason why, after excluding all the strangers, the mother was still no longer acceptable to her baby. Babies are biologically programmed to avoid and flee from all changes in the 'releaser-eyes' of their mother.

Therapy

Nowadays we understand that in such a situation the mother should never give up, nor should she lose confidence in herself as a mother. From the efforts of the Tinbergens (1983), contacting many mothers of autistic babies (called the 'Do It Yourself', or 'DIY-mothers') and who succeeded in curing their babies all by themseves, it was learned that mothers should never give up mothering their 'avoiding' baby. They should do so even more intensely and warmly than ever before, if possible even taking up breastfeeding again, not leaving the baby alone or to anybody else. She should tightly carry her baby against her heart all the time, cradling, singing and speaking to him, but at first without trying to look into her baby's eyes again to win him back. That, in the opinion of the author, can lead to a spoiling of all efforts.

Especially in the reassuring breastfeeding position, now focusing sharply again from the natural 7 inch distance, the baby might be tempted to look up into his mother's eyes spontaneously. Only when the baby no longer turns his eyes away when, for a split second,

the mother allows her eyes to look into those of her baby, she may succeed in restoring the releaser function of her own eyes. When eye contact is restored the baby's autistic behavior will be overcome. While mothering her baby so intensely the baby, with all his senses, will recognize her body and feel 'at home' once more with his mother's voice, the familiar rhythmic thumping of her heart, her touch, her smell and the way in which she moves, handles and holds him warmly. By evoking these tactile, kinesthetic, vestibular and aural sensations, familiar even from before birth (Prekop, 1983) the baby will be helped to again trust his mother and also her eyes. Therefore the mother should be very persistent in tightly holding and cradling her baby. The mother makes the baby feel she loves him and wants him back and that she will not accept his abandoning her again. She should never forget that even when avoiding her, the baby longs for her too, though ambivalently. Even if resisting her, he will secretly want to be freed from his fears and his loneliness by her (Lensing 1981; Richer 1983).

The "Mother-Child Holding Therapy" of Martha Welch

This 'working method' of the DIY-mothers is confirmed and paralleled by New York child psychiatrist Dr. Martha Welch's - since 1976 - successful work with the "Mother-Child Holding Therapy". This therapy proved not only to be valid for (also older) autistic children; it is very helpful too for 'normal', 'difficult' children, i.e. those suffering from the psychosomatic, neurotic or psychopathic symptoms of their 'disturbed symbiosis' with their mother, caused by a period of separation from her as an older baby or toddler (Stades-Veth 1973, 1981, 1982, 1984).

Instructed by Marth Welch and in her presence, the mother is told to tightly and consistenty hold her fiercely resisting autistic or otherwise disturbed child, or her avoiding baby in her arms without interruption. Usually within a few hours the child surrenders and - amazingly - will then accept her as its mother (again), nestling against her, looking into her eyes, touching her lovingly, sometimes even speaking to her for the first time, as was successfully done by the mother of baby Charles (Stades-Veth, 1981) and by the father of baby Bart (Stades-Veth, 1984).
Very much impressed by these remarkably quick results with Martha Welch's method, the Tinbergens allowed Dr. Welch and also Dr. Zapella from Siena, Italy, to publish, as appendices I and II, parts of their work in the Tinbergen's newly published book: '"Autistic" Children, New Hope for a Cure' (1983). The titles are:

Martha Welch: Retrieval from Autism Through Mother-Child-Holding Therapy;

Zapella: Treating Autistic Children in a Community Setting.

In a postscript the Tinbergens mentioned the similar successful work with the Mother-Child Holding Therapy by Dr. Jirina Prekop, a Czech clinical psychologist, working with autistic children at the Pediatric Center of the Olga Hospital in Stuttgart, West Germany. She tried "Holding" with her autistic patients after reading about it after a lecture by Tinbergen for Nobel Laureates in Lindau on Martha Welch's successful work with autists.
Since 1981 Prekop supervises small groups of mothers, while teaching them how to 'hold' their child, like Martha Welch in Greenwich (CT). In 'Autismus' May 1983, Prekop described the

treatment of 57 autistic children with Mother-Child Holding, with whom she had had very poor results earlier. Within a year they all improved significantly. Ten children were considered completely cured. Lecturing all over West Germany, she now stimulates many clinical psychologists to use 'Holding' in child psychotherapy. In 'Der Kinderarzt' 1984-15-9, she reports on 104 patients.

Other possible reasons for autistiform behavior in babies

So far we have spoken of one month old babies born and nursed by their mothers under ideal, i.e. normal circumstances, without any difficulties in view, until their bonding was interrupted by a too frequent intimate contact with several strangers.

However, disturbances of the symbiotic bond between mother and baby can also be due to a combination of other factors, i.e. immediate hospitalization (e.g. in an incubator) of the baby after birth, illness of the mother, either a post-natal depression or an operation. This can also damage the bond between mother and baby. Neglect or unwillingness to accept the baby probably is an exception. Ignorance of the expected progression of the biologically conditioned developmental phases in a normal baby, may induce the mother to just leave an unusually quiet baby to himself, since he 'seems to prefer' to be left alone. This occurs frequently and may cause fixation of autistiform behavior (Allan 1976, '77). The mother is not to blame, as even experts had (have) no idea of the importance of this first bodily and eye contact between mother and baby for their bonding. The importance of methods facilitating this contact under unusual circumstances, for instance by 'rooming-in' of her baby to a hospitalized mother, even by putting the incubator at the mother's bedside, often is

not understood (Odent, 1976). Not only breastfeeding, but also the extremely important immediate close bodily and emotional contact of mother and baby directly after birth should be allowed, even if hospitalization, either due to a caesarean or otherwise abnormal delivery, is necessary.

Preventive measures to improve symbiotic bonding of newborn babies with their parents by John Allan, Vancouver, Canada

According to Allan (1974, 1976, 1977, 1984) a well informed, experienced ethological observer of the interaction of infants and their mothers could identify the subtle signs in a newborn baby 'at risk' of developing autistiform behavior. These are the 'critical releaser signals' (Bowlby 1958), which will be discussed later. Inverted nipples of the mother causing problems in nursing, holding the baby in an awkward position while nursing, be it by insufficiently supporting the baby's head, neck and back, or by blocking his nose with her breast, are mentioned by Prechtl (1965) and may cause even a 5 day-old baby to avoid further eye contact with the mother. Caressing a baby's tummy while talking to someone else, without smiling, looking at or speaking to the baby, may also frighten and cause a baby to turn away his eyes. "If a face that has been smiling to the baby suddenly stops doing so, vigorous 'gaze-aversion' will result" (Brackbill, 1967).

How strong the emotional interaction between mother and baby may be was observed by Prechtl (1965) who, on purpose, did not tell several mothers that, to their baby, the delivery had been very traumatic. Some weeks later he asked them how they managed with their babies. They all said they managed badly, that they did not

succeed in making their baby feel relaxed and happy. They blamed themselves for this and were very relieved to hear that obviously the traumatic experiences of their babies at birth had made them so unhappy and 'difficult' to satisfy.

Difficult babies

According to Allan, 'difficult' babies, babies who are unable to have a relaxed, happy bond with their mother, suffered from one or more of the following four important negative factors, before or around birth:

1. a complicated pregnancy
2. strong emotional stress, or a traumatic experience during pregnancy
3. premature birth
4. traumata at birth, or shortly after birth: incubator, breastfeeding problems, separation by hospitalization etc.

These negative experiences seemed to result in three types of babies 'at risk':

a. the excessively irritable, whiney, hyper-kinetic babies;
b. the excessively limp, hypo-tonic very passive babies;
c. the excessively stiff, rigid, hyper-tonic babies.

To help parents reduce and handle these excessive states of their baby, Zaslow and Allan developed several Holding methods among which also playful holding techniques, by which these parents could learn how to stimulate their infants and positively influence their condition by reinforcing their mutual attachment bond from the first days after birth onwards. In some of these 'difficult babies', especially the hypo-tonic limp, passive ones, the five innate 'critical releaser signals' (Bowlby 1958) were too weak.

These signals should be strong enough to awaken adequate caring by the mothers as a basis for their bonding. These are: too weak sucking, too weak crying and gripping, no following with the eyes and no smiling (for which eye deficiencies or partial deafness may be the cause). As a consequence these infants were handled, played with and spoken to less often and less animatedly than would otherwise be the case. Especially the very quiet, silent babies move so little that, while lying in their cot during most of their first year of life, they seem to gather so much unused superfluous energy that they usually become restless toddlers as soon as they can move about and walk. For these overly quiet babies Allan advises laying them in their cot or pen on their stomach (which they do not like), thus stimulating them to make arm and leg movements while trying to turn on their back, or to move forwards or backwards. Allan advises the parents to use, frequently and daily, several playful 'motor-activities' such as swinging, hopping, flying, singing nursery rhymes, to invite the baby to happy interaction, thus strengthening the mutual symbiotic attachment. In so doing the condition of these limp babies improves considerably. These preventive measures can be taken only if someone has observed the unnatural behavior of the baby and warned the parents! Many of the parents thought that they should respect the calm, quiet baby's need to solitude and quiet. They often thought these were special (inherited) character traits of their baby!

Early discovery

According to Allan, doctors and especially nurses giving pre-natal and post-natal care and courses for mothers, should be specially

trained to rapidly recognize the 'babies at risk' by observing mother and baby, preferably together, also at home. This should be done frequently during the first days, weeks and months after delivery.

Baby passport

Immediately after a baby is born notes should be made by the nurses of the possible traumata the baby may have suffered before, during and/or after delivery. It should be observed how the baby performs at the five releaser-signal functions, as mentioned by Bowlby, inviting the mother into mothering activities: how the baby cries, sucks, looks and grips. This would make it possible to warn and instruct the mother after delivery on the important 'inviting' signals that may be given to her by her baby and on how her reactions to these signals should be handled. Should she activate or help her baby to relax in case her baby would be 'at risk'? And how?

Baby Frances 'at risk' also

In the view of Allan (1976) baby Frances too was probably 'at risk' even before she was confronted with the 'strangers' bottlefeeding her. A recent interview with Frances' mother completed the data on the first days and weeks of her baby's life. It had been an 'old fashioned, horizontal' delivery, at home. The baby was born early in the morning. After the umbilical cord was cut she was shown to her mother. Only after being fully washed and dressed was the baby put into her mother's arms for a short time. The mother did not remember if they had eye-contact, but she had been annoyed because she had not been allowed to nurse her baby immediately but only after 24 hours!! Frances got only a

few teaspoonfulls of boiled water with sugar (!) from the nurse. Thus, during the first hour of life there had been no skin to skin contact, nor eye-contact and no nursing, which is so very important for a strong bonding of mother and baby. On the second day, the first nursing sessions caused much difficulty, because of the mother's retracted nipples. Neither mother, doctor, or nurse knew about the International Bond of Breastfeeding Mothers, La Leche League International, which, 30 years ago, had started mothering groups and a 24-hour telephone information service on breastfeeding problems. So the mother could not purchase from La Leche League (Holland) a Woolwich breastshield, which would have helped the baby seize the nipple and nurse quietly. Hungry and eager to suck and drink, the baby had become impatient, had cried and, unable to get hold of the nipple, had turned away out of irritation several times. The inexperienced nurse, wanting to help, had pushed the baby's nose too tightly against the breast, which had caused the baby to wriggle away because of oppressed breathing! Breastfeeding became a frustrating job. Finally succeeding, the baby seemed tired, drank lazily and very little. The mother remembered feeling very nervous and inadequate, even though she had breastfed her first child for eight months. The mother still regrets she had not insisted on helping the baby on her own, without interference from the inexperienced nurse. Several headnurses reported to the writer (Stades-Veth 1981, ch. II) that after suffering these problems in breathing more than once, having been pushed against the breast too tightly, babies often refuse all further nursing at the breast!

Because baby Frances had nursed lazily, bottlefeeding was started,

first as a supplement, then completely, from the end of the second week onwards. She managed to drink somewhat better, but never finished her bottle. The mother told the writer that she had not enjoyed those first weeks with her baby, due to these nursing problems and also because of the manifestations of jealousy in her toddler, who resented her preoccupation with the baby. On top of that, the aunt who came to help had a car accident and was hospitalized. Thus, during those first two weeks, the mother suffered from considerable stress. She realized that the bonding with her baby was not as close as might have been the case without these disturbances.

This report by the mother explains even better how the 'bottlefeeding strangers', during those three visiting days shortly afterwards, at the end of the first month of life - exactly in that susceptible period around the baby's first smile to the mother - could have had such a damaging impact on the bonding of baby Frances with her mother. From that time onwards, the baby started to avoid all eyecontact, first with the 'strangers', then also with her mother. In the writer's opinion, the already frightened baby became even more disturbed when the mother, as most mothers would do under the same circumstances, repeatedly tried to restore the eyecontact with her baby. The mother could not know that because of the baby's still undeveloped memory capacity, she then considered her mother to be a stranger too and possibly the most 'pushy' and frightening stranger of them all! From then on baby Frances withdrew into an overly quiet behavior, persistently avoiding all eyecontact. How their symbiotic bond was restored by giving extreme levels of bodily contact, at first without eye contact, has been described.

Thus, within a few days, the baby ventured to look into her mother's eyes again, after which their symbiotic contact rapidly improved. Follow-up over more than 10 years showed a prosperous development. The conclusion is that Frances, at birth a healthy baby, within a few days became a 'baby at risk' as described by Allan (1976). This was due to the obstructions mentioned, as a result of which a warm, happy symbiotic bond between baby and mother became impossible.

Disrupted eye contact a signal for disturbed symbiosis

A mother should know that as long as her baby keeps looking into her eyes, their bond, even if too weak or disturbed, is not yet broken. However, as soon as her baby persists in avoiding all contact with her eyes, even while being given much attention by her, the baby has broken its symbiotic bond with her. This should be considered a critical alarm signal.

Spiraling into autistic behaviour

If not retrieved immediately, the baby, from that moment on, may demonstrate an ever-increasing autistiform behavior. Avoiding the stimulating contact and emotional exchange with its mother, the infant will arrest its development and will maintain the babyish level reached at that moment, which is usually the phase of a baby before its first smile, between the ages of 4 and 8 weeks. Autistic children never laugh with other people, not even with their parents. From that moment on, the baby's innate but unused mental capacities will begin to atrophy. To unload his unused energies and agressions, the baby will soon develop several stereotypies, often selfmutilating, thus gradually becoming a 'typical autist.'

International exchange of experiences with the Mother-Child Holding Methods

The problem of which Holding technique should be prefered was partially solved by Allan (1976) who adapted 'Holding' to the type of baby or toddler to be treated according to his symptoms. The International Symposium on Mother-Child Holding held in December 1984 in Utrecht, the Netherlands, shows that 'Holding' is spreading from California, New York and Canada, via England to Europe. International exchange will probably enrich and improve the application of the Mother-Child Holding Method. Kehrer (West Germany 1984), who first rejected Holding and then, after the successes of Prekop, was soon trying it himself, started half hour routine treatments with the mothers. He now declares that 'any' kind of Holding is effective, even notwithstanding the way in which it is done! This is not the opinion of the above-mentioned therapists, who think we still have to find out which type of Holding technique will be the most successful one for the different types of symptoms, and for the age of the patients. The importance of technique improvement also shows in an interesting experience of Zaslow and Allan (1976, 1984). Zaslow found that the 'whiney, hyperkinetic babies' cried a lot, but without producing any tears. They had to learn effective crying. During their holding sessions on her lap after the baby had gone through the phase of revolt, rage, and fighting, often even biting and had started to cry, Allan, like Zaslow, asked the mother to bend down the chin of her crying child against his chest while comforting him. He found that this induces the deepest tearful sobbing, after

which the child feels very relaxed and happily allows his mother to cuddle him, caressing her and looking into her eyes.

Restoration of the contact of the eyes of mother and autistic child

It would seem important to compare views and experiences on the restoration of eyecontact. When it concerns babies we should leave it completely to the infant to choose the right moment and should not force eye contact, but wait until the baby makes contact himself, when cuddling with his mother at the end of the Holding session. We should always explain firstly to the mother that the avoidance of all eye contact by her baby indicates that her child, for some reason, has become very frightened of her eyes. Therefore, she should not try to force or invite her baby to look into her eyes again (as most mothers immediately and repeatedly try to do) before their bodily contact is restored. She should wait until the baby tries spontaneously to look into her eyes again. This should be a decision taken by the baby all by himself, as a little person in his own right, as before, when he took the decision to break off his symbiotic bond with her, refusing to look into her eyes anymore. This the baby did for a doubtlessly very important, biologically-determined reason, the background of which we tried to understand in the case of little Frances, but did not grasp completely at that time (1973).

To stand up for the rights of our babies

Mothers of course stand up for their babies and for themselves. When absolutely necessary, one substitute for the mother and the father - and someone very well known both to mother and baby -

might be acceptable for a few hours between feeding times. Even at home and under supervision of the mother, the frequent contact within a short period of time of her newborn baby with many alternating unknown eyes during bottlefeeding may cause very serious damage to their bonding, as shown in the case of Frances (among others). This also applies to the 'unfamiliar eyes' of alternating nurses feeding the baby in a clinic.

Preventive measures during and after hospitalization of babies

Mothers, fathers, doctors, nurses, social workers, child psychologists and -psychiatrists should know that at the first observation of a hospitalized baby continually looking away from all people, the mother should take over the care of the baby in the hospital most urgently! If a baby would then avoid looking at its mother too, the mother should be instructed in the Allan/Welch/Tinbergen method of holding him tightly in her arms - however in the writer's opinion at first without trying to make eye contact - in order to restore the bonding with her baby. If not quickly successful, she should be willing to try breastfeeding her baby again, first with the help of a Lact-aid. During their stay in hospital, instructed by the nurses, mothers and fathers should take care of their babies themselves as much as possible, also staying with them during the night. The sooner the baby goes home, the better.

The younger the baby, the more easily the damage done can be compensated by being held tightly and continually preferably by the mother.

As soon as the baby spontaneously starts snuggling and looking into her eyes again, development will proceed normally. Mother and

father must continue holding their baby often in cozy breaks in the long busy days, cradling him in their arms or on their lap, talking and singing to the child.

Conclusion

A baby's persistent avoidance of eye contact in the first weeks of life, especially with the mother, should be considered an important warning signal, that easily can be observed and understood by everyone. For some reason the baby became frightened of all eyes. The mother should then be encouraged not to accept rejection and avoidance by her baby; she should give in to her spontaneous motherly needs and intentions to hold her baby in her arms closely and tightly, speaking and singing to him, nursing him frequently, not letting go till her baby surrenders to her and spontaneously wants to look into her eyes again.

The experiences of Jirina Prekop (Zeitschrift 'der Kinderarzt' 1984, 15, 6, 7, 8, 9; 1985)

Jirina Prekop, since her flight from Czechoslovakia, has worked at the Pediatric Center of the Olga Hospital in Stuttgart (F.R.G.), as director of the Department of Developmental Disorders. For more than ten years, she worked with autistic children without much success in curing them. Having heard, through Tinbergen, about Martha Welch's Mother-Child Holding Therapy, in 1981 she started to instruct and assist the mothers of many of her autistic patients with the new therapy. Encouraged by striking successes and having the necessary space in her clinic and a helpful staff, this provided her with the means to undertake more scientific evaluation of the work, and - with her approval - results are shown here:

Dec. 1983 Comparison by Jirinia Prekop of her results with the Mother-Child Holding Therapy in 3 groups of autists
Length of therapy varied from 1 to 28 months (Aug. 1981 - Dec. 1983)
Size of sample: 104 children
in 'der Kinderarzt' 1984 15 no. 9

HE CHILD IS	Autists (Asperger) N=26			Autists (Kanner) N=49			Brain damaged autists N=29		
	essentially changed	partly changed	un-changed	essentially changed	partly changed	un-changed	essentially changed	partially changed	un-changed
ore interested n human contact	21	3	2	33	13	3	21	4	4
ore apt to isual contact	17	4	5	21	19	9	19	18	2
ore apt to eneral contact	19	5	2	35	8	6	13	9	7
ctively looking or mother	11	6	9	29	12	8	12	14	3
ore inclined o imitate	18	2	6	20	17	12	7	7	15
ess fearful of hange	13	8	5	24	11	14	12	4	13
ess oversensitive o certain stimuli	11	5	10	15	17	17	19	4	6
ess dependent on tereotype movements	10	8	8	19	15	15	7	8	14
ore interested in ther things and ctivities	18	8	0	31	11	7	16	7	6
ore productive in lay and other ctivities	18	6	2	14	10	25	7	4	18

Within 28 months, this comparison of results of treatment by Mother-Child Holding Therapy in three groups of autists showed:

of 104 patients

13 were completely free of autistic symptoms,

19 were considerably improved although not yet completely free of fear of change and various compulsions,

72 were only partly or little improved because they were:

a) under therapy for too short a period,

b) too strong for the mother,

c) brain-damaged (but often significantly improved in their contact with parents).

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